



**EPA CORRECTIVE ACTION FORM FOR FISH CONTAMINANT STUDY
COLUMBIA RIVER BASIN**

Corrective Action Form

Project Name and Number: _____

Sample Dates Involved: _____

Measurement Parameter:

Acceptable Data Range:

Problem Areas Requiring Corrective Action:

Measures Required to Correct Problem:

Means of Detecting Problems and Verifying Correction:

Initiators Name: _____ **Date:** _____

Project Officer: _____ **Date:** _____

QA Officer: _____ **Date:** _____